

**APPLICATION FOR ASSISTANCE THROUGH THE SHUTTLEWORTH  
COMMITTEE**

**APPLICATION FOR ASSISTANCE** \_\_\_\_ **Heat** \_\_\_\_ **Electricity** \_\_\_\_ **Other**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# OF ADULTS RESIDING IN HOUSEHOLD: \_\_\_\_\_

#OF CHILDREN RESIDING IN HOUSEHOLD: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED: \_\_\_\_\_

WHERE: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

IS ANYONE ELSE IN THE HOUSEHOLD EMPLOYED: \_\_\_\_\_

IF YES WHO: \_\_\_\_\_ WHERE: \_\_\_\_\_

\*Please attach following documents:

1. copy of most recent utility bills
2. copy of photo ID
3. copy of pay stubs
4. copy of SSI / SS/ Welfare Assistance/ Child Support
5. Mortgage Statement or Lease Agreement  
(please include landlords name, address and phone number)
6. What assistance you are looking for

What other agencies have you been in contact with: \_\_\_\_\_

\_\_\_\_\_

Have you received any other assistance from other agencies: \_\_\_\_\_

\*please sign attesting that the above information is true to the best of your knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed forms to:  
Catherine Cardinale  
Health Department  
P.O. Box 306  
Dedham, MA 02027